



Newsletter

Prostate Cancer 101, Inc.

<http://prostatecancer101.org>
October, 2005

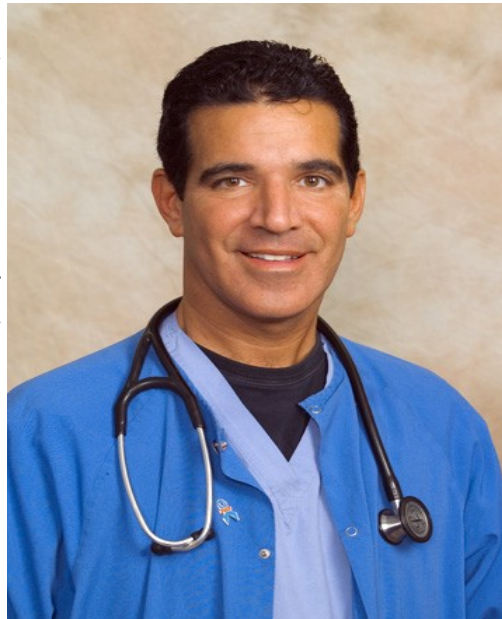
The Prostate Cancer Information and Support Group of the Mid-Hudson

Our October 18 Guest Speaker is Dr. Michael J. Dattoli

Mark your calendars! We are delighted and honored once again to have our friend and consistent supporter, Dr. Michael Dattoli, as our guest on October 18 at 4:30 PM at the Hurley Reformed Church Hall in Hurley. Dr. Dattoli will be speaking to us on *Advances in Treatment of Prostate Cancer and What the Future Holds* or everything you ever knew plus a bit more.

For those of you who do not yet know him, Michael J. Dattoli, MD, is a board-certified radiation oncologist with more than 15 years of Brachytherapy experience and has performed many thousands of prostate implant procedures. Dr. Dattoli has successfully applied the same technology to other forms of cancer, including breast, lung, GYN and sarcomas. He is a

noted author and speaker in this complex field of medicine.



He received his Bachelor's degree in Science from Vassar College and completed his Medical Doctorate at Mount Sinai School of Medicine in New York City. He completed his residency training in Internal Medicine at Westchester County Medical Center

and his Radiation Oncology residency at NYU Medical Center and Bellevue Hospital. Dr. Dattoli served as chief fellow in Brachytherapy and Radiation Oncology at Memorial Sloan-Kettering Cancer Center in New York and at New York Hospital-Cornell University Medical Center prior to relocating to Florida.

The Dattoli Cancer Center opened in Sarasota in February 2001 and has attracted men diagnosed with prostate cancer from all over the world. It is the first freestanding treatment center anywhere in the world to offer IMRT and color-flow Doppler ultrasound diagnostics. He and his partner, Dr. Richard Sorace, MD, have specialized in the treatment of prostate cancer for more than fifteen years and have treated more than 6000 men. They are affiliated with Sarasota Memorial Hospital as active staff members and are constantly

honing their own skills and knowledge.

The list of his faculty, investigative and government appointments, committees and professional societies would fill pages. Dr. Dattoli has published four textbooks on Brachytherapy and 17 other books including one this year, *Surviving Prostate Cancer without Surgery: The New Gold Standard Treatment That Can Save Your Life and Lifestyle*. This is one which would certainly be of interest to all of us as laypeople and survivors. Looking at his curriculum vitae one wonders how he does so much more in the same 24 hours you and I have.

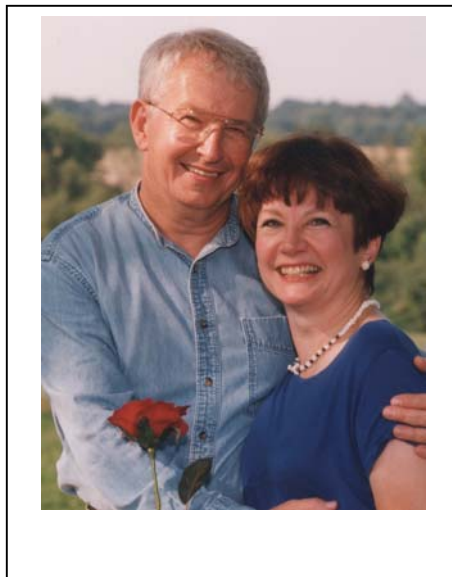
So bring a friend, tell everyone you know and come learn from one of the top men in the field of Brachytherapy on how to impact the quality of your life.....and those whom you may meet who do not even know they may need it.

My Story

One wife's perspective on prostate cancer

By Diane Sutkowski

There are those life changing moments that remain in your memory, July 30, 2002, was one of them for us. Walt came home from his semi-annual visit to his physician with the words, "My PSA results are high and the doctor wants me to see a urologist." Within minutes I picked up the phone and made an appointment in mid-August with the local urologist the doctor had recommended. It was the beginning of our ongoing journey.



Walt and Diane Sutkowski

On that fateful July day, we had been married for a year and a half. It was also my Aunt Ann's birthday; she had died suddenly while dressing to attend our wedding in January of 2001. Talk about eerie feelings! Yet, somehow I felt it would be all right, as she had been so happy that Walt and I had found

each other..

I should have been forewarned when in reconfirming the appointment at the urologist's office they informed me that they would not see Walt unless they received the official referral through the system, even though I had a slip in my hands and it had been discussed previously. They quickly discovered that was not the attitude to take with this particular woman who was majorly concerned about her husband. I informed them, rather strongly, that they would indeed see my husband, as planned, they were not playing fast and loose with his life! The attitude changed and they became helpful.

The urologist examined Walt, did not feel any abnormality, and set up an appointment to do a biopsy on August 22. Having the personalities and intellectual curiosities that we do, we both started to find out as much as we could about the aspects of a high PSA, the negative effects of a positive biopsy and what it meant to Walt's quality of life and in turn mine. We wanted to be moderately prepared for the meeting with the urologist, just in case. We also asked him for

information, which unfortunately was very spare.

The day after the biopsy we were in the car heading off for the weekend to a wedding in Pennsylvania with the specter of cancer hanging above our heads. On August 17, at a face to face meeting, the doctor informed us rather bluntly that Walt had cancer and that he had “said he felt something.” That comment put him out of contention as far as Walt and I were concerned. You can’t gain trust when you start on a lie.

Fortunately I saw an ad in the Freeman that noted a meeting of PC 101; a blessing in the midst of turmoil. We both attended that informative first group meeting and were relieved to find men who had been treated by a variety of modalities and more importantly had survived. We had lots of questions; we got lots of good answers and then made an appointment to see Dr. Nelson Stone in Pomona for a second opinion. Dr Stone did not feel any abnormality on his examination and then reassuringly met with us both and told us to research our options, but not to wait overlong to decide on a treatment plan.

Our research for optimal treatment took us all over; from contacting Loma Linda to Massachusetts General to Albany. Ron Koster asked the pointed question about perineural invasion and recommended Walt get in touch with Dr. Dattoli for his opinion. In

early October I emailed Jennifer Cash of the Dattoli team with Walt’s PSA numbers, biopsy and bone scan results and she wrote back to expect a call. We were both amazed to get a phone call from Dr. Dattoli the very next night. He spent over an hour on the phone with Walt answering questions, asking others and explaining procedures once he found out that Walt was a physicist by training. The next day, Walt had made his decision; he wanted to have Dr. Dattoli treat his cancer.

We made an appointment to see Dr Dattoli and start treatment in early December. Walt’s slides were sent to Dr. Bostwick for his expert pathology opinion and Dr. Dattoli started Walt on Casodex. The friend of a co-worker in real estate found us a lovely condo to rent in Bradenton, just 25 minutes from the Dattoli Center in Sarasota and we were on our way. We drove down so Walt would have his car available to him during his stay.

From the moment we arrived at the Dattoli Center the decision to go there was consistently reinforced in our minds. We were both treated kindly with compassion and caring. I felt that I would be leaving Walt in exceptionally good hands when I had to return to Kingston to check on my mother, who was

in a nursing home, and to have work done on the kitchen as a surprise to Walt on his return. Keeping busy and working against a deadline was the best thing for me; no time to sit and worry.

Walt felt comfortable with the team who did his IMRT treatments, 23 in all, and only had one day when he felt slightly tired. He worked from “home” via high speed cable each and every day, just as if he was still at IBM Poughkeepsie. I returned to spend the holidays with him and was amazed at how well he felt and looked. Somehow I think we both expected the side effects to radiation that we had heard about in years past, but that does not happen with the new technology and the true experts in their field at Dattoli. After his last radiation treatment he even had a “graduation” party of sorts, with a certificate and hugs all around.

I flew back to Kingston in early January to finish remodeling the kitchen and set things in order, along with a lot of other chores. Back to Sarasota two weeks later to be there when Walt underwent Brachytherapy at Sarasota Memorial, where we even shared a laugh just before he was brought into surgery. Truly each aspect of his treatment, the people who

cared for him at the Dattoli Center and the hospital, was as if we were cared for by loving friends or family. Dr. Dattoli met with me after the seeding to tell me all went well and that Walt was fine. I was and still am so impressed on how enthusiastically and fully he answered the questions I had. In short order Walt was brought into a lovely room and when lunch was brought in they even had a tray for me. I went back to the condo late that afternoon to finish packing and the next morning Walt was in the car driving back home – amazing!

Each year we go to the Dattoli Center for Walt's annual check up and will continue to do so. When you are in the hands of experts in their field you tend to want to stay there. We're greeted like old friends and that is how we feel. Except for the rather strange initiation ceremony, it has been a wonderful experience. Walt's PSA tests have remained well below one and his check up's have been excellent. We take each day as a gift and are grateful to all those who have given us those days together. As my cousin, Joe, said to us, "You've only got one chance to get it right the first time," and we were lucky enough to find the people to get it right..... the first time.

Prostate cancer uses Wnt signaling proteins to promote growth of bone tumors

September 2, 2005. Advanced prostate cancer often metastasizes, or spreads, to bone. There the cancer cells form fracture-prone, extremely painful tumors.

More than 80 percent of men who die from prostate cancer die with metastatic disease in their bones. But scientists know very little about how migrating prostate cancer cells invade bone tissue and produce the dense bony lesions characteristic of prostate cancer.

Now, new research by scientists at the University of Michigan's Comprehensive Cancer Center suggests that prostate cancer manipulates an important group of signaling proteins called Wnts (pronounced "wints") to establish itself in bone. By changing the amount and activity of Wnt proteins, prostate cancer cells upset the normal balance between formation and destruction of bony tissue.

"There is strong evidence that Wnt proteins play a central role in regulating normal skeletal development in an embryo," says Christopher L. Hall, Ph.D., a senior research fellow in urology at U-M. "But this is the first time Wnts have been shown to be involved in abnormal bone production in adult animals with prostate cancer."

Hall is first author of a paper to be published in the Sept. 1 issue of *Cancer Research*, which presents results from U-M studies of Wnt proteins in human prostate cancer cell lines and in laboratory mice injected with prostate cancer cells.

"Normal bone growth and remodeling depends on a controlled balance between production of new bone and resorption of existing bone," says Evan T. Keller, D.V.M., Ph.D., a professor of urology and pathology in the U-M Medical School, who directed the U-M study. "When a tumor forms in bone, it upsets this balance."

Several types of cancer metastasize to bone, according to Keller, but most of them tip the balance toward destruction – producing what scientists call osteolytic lesions, or holes in the bone. Prostate cancer is unique in its ability to trigger increased bone production, which creates what's called an osteoblastic lesion.

"In metastatic prostate cancer, we think that both processes are going on," Keller says. "Our hypothesis is that prostate cancer cells first induce more bone resorption to help the invading cells become established in bone. But then there's a switch

to increased bone production. Although we don't know the exact mechanism responsible for the switch, we know that it's related to the activity of Wnt proteins in prostate cancer cells."

In the first phase of their research, U-M scientists measured the amount of Wnt protein in cells from normal human prostate tissue, localized prostate cancer and metastatic prostate cancer cells. Using the same cell lines, they also looked for the presence of a protein called DKK-1, which is known to inhibit Wnt activity. They discovered that the amounts of Wnt and DKK-1 protein present in human prostate cells varied inversely with the developmental stage of prostate cancer.

"As the cancer progressed, DKK-1 levels went down," Hall says. "Cells with osteoblastic activity had high levels of Wnt activity and low levels of DKK-1, while cells with osteolytic activity showed decreased Wnt activity and high levels of DKK-1."

"Our results suggest that DKK-1 may act like a switch on prostate cancer cell activity," Keller says. "When we altered the cells to increase the amount of active DKK-1, it blocked Wnt's signal, changing prostate cancer cells from an osteoblastic to a highly osteolytic cell line.

To test their hypothesis, U-M scientists injected human prostate cancer cells into the tibias, or long leg bones, of one group of immune-deficient mice. Twelve weeks later, U-M researchers removed and examined bone tumors

from the mice. They found that these mice produced tumors with a dense overgrowth of bone. A second group of mice, injected with prostate cancer cells made to express the Wnt inhibitor, DKK-1, developed highly osteolytic tumor lesions, which destroyed most of the bone.

"This demonstrated that Wnts promote the overproduction of bone by prostate cancer cells," Keller says.

In previous research, the U-M team found that preventing the osteolytic changes associated with bone resorption also prevented prostate cancer from establishing itself in bone. By learning how DKK-1 blocks Wnt's signal to prostate cancer cells, they hope to learn how to control physical changes in bone that encourage the development of metastatic tumors.

"Our goal is to find ways to manipulate this Wnt pathway to slow the growth of tumors in bone or decrease the tumor-associated pain," Keller says. "We won't be able to stop the primary tumor from releasing cells, but by preventing early bone resorption, we may be able to prevent metastatic cells from getting a foothold in bone."

In future research, U-M scientists will try to identify which of the nearly 20 known Wnt proteins is involved in bone changes associated with metastatic prostate cancer.

psa rising

If you need or want to help:

Prostate Cancer 101 Seminar
First Tuesday of every month

Contact:

Fred Bell 845 338-1161
Gene Groelle 338-1805

Website

<http://prostatecancer101.org>

Walter Sutkowski 331-7241

Greeters/Church Hall Setup

Bob Miggins 382-1305
Ralph Calcavecchio 331-2369

2005 Program Committee

Arlene Ryan 338-9229
Dakin Morehouse 688-5773

Video Recording

Yavuz Birturk 687-9403

Chief Cooks & Bottle Washers

Arlene Ryan 338-9229
Diane Sutkowski 331-7241

"Live out of your imagination, not your history"

Stephen Covey

"I always wanted to be somebody, but now I realize I should have been more specific"

Lily Tomlin

"If you don't like something, change it. If you can't change it, change your attitude. Don't complain."

Maya Angelou

High-Dose Radiation Cuts Risk of Prostate Cancer Recurrence

But it doesn't influence survival rates, a new study finds

By Serena Gordon *HealthDay Reporter*

TUESDAY, Sept. 13 (HealthDay News) -- High-dose radiation can cut prostate cancer recurrence by half, but it has no impact on survival rates, a new study found.

That lack of difference in survival rates may be due to the fact that prostate cancer is a slow-growing cancer, and the new study only looked at five years of data, said the study's lead author, Dr. Anthony Zietman, a professor of radiation oncology at Massachusetts General Hospital and Harvard Medical School. It might take as long as 10 to 20 years to see a difference, he explained.

In terms of cancer recurrence, however, higher-dose radiation showed a clear benefit, Zietman said.

"Men who had high-dose radiation were much less likely to have their cancer return than those with conventional radiation," he said. "And, because the technology has gotten very accurate, there was very little price to pay for the increased [radiation] dose, in

terms of side effects," including impotence, he added.

The findings appear in the Sept. 14 issue of the *Journal of the American Medical Association*.

Almost two million American men are prostate cancer survivors, and more than 232,000 are diagnosed with the disease each year, according to the American Cancer Society. While as many as one in six men develops the disease over a lifetime, only one in 34 dies from it, the society said.

More than 26,000 American men choose radiation to treat their prostate cancer, according to background information in the article. Recurrence of prostate cancer, despite conventional radiation therapy, is common.

Zietman said during the past 10 years, radiation technology as improved dramatically, and doctors can now deliver higher doses of radiation more accurately than they could in the past.

To see if these higher doses of radiation could help prevent some cases of recurrence, Zietman and his colleagues compared 197 men who received conventional radiation to 195

who received high-dose radiation to treat early prostate cancer.

The average age of the men was 67 for the conventional group and 66 for the high-dose group. Most of the study volunteers were white. Just over 61 percent of men on conventional radiation remained cancer-free after five years, while 80.4 percent of those treated with high-dose radiation had no cancer recurrence, the researchers found.

According to Zietman, the finding suggests that "men need to be asking radiation oncologists if they are just having conventional radiation, or if they're going to take advantage of the technology to deliver higher doses."

Dr. Theodore DeWeese, co-author of an editorial in the same issue of the journal and chairman of the department of radiation oncology and molecular radiation sciences at Johns Hopkins University School of Medicine, pointed out that not all hospitals can provide high-dose

radiation yet.

He said the benefits of high-dose radiation generally outweigh the potential risks, "with the proviso that the physicians and the institution are capable of delivering these high doses safely." Right now, he said, that means getting treatment at larger medical centers. But, he added, smaller, community hospitals will likely have the technology soon as well.

"If you're otherwise healthy, with a life expectancy of at least 10 years, aggressive management of prostate cancer is likely to benefit you, and to reduce recurrence," DeWeese said.

Men need to discuss all the treatment options with their physician, and then decide which one has the most acceptable side-effect profile, he said.

SOURCES: Anthony Zietman, M.D., professor of radiation oncology, Massachusetts General Hospital and Harvard Medical School, Boston; Theodore DeWeese, M.D., professor and chairman, department of radiation oncology and molecular radiation sciences, Johns Hopkins University School of Medicine, Baltimore; Sept. 14, 2005, *Journal of the American Medical Association*

A New Approach To Cancer Screening Promising Method for Detecting Prostate Cancer Is More Precise Than PSA Test, Study Says

By CHARLES FORELLE Staff Reporter of THE WALL STREET JOURNAL

September 22, 2005; Page D1
A newly developed screening method may significantly improve the detection of prostate cancer. In a study today in the New England Journal of Medicine, the new method was found to be far more precise than the widely used PSA test.

Currently, to spot early signs of prostate cancer, doctors advise most men 50 or older to get an annual test for elevated blood levels of an enzyme called prostate-specific antigen. The problem is there is no clear way to divine what most results mean. Some men with low levels, in fact, turn out to have cancer. Some others with high levels have only a benign prostate enlargement or irritation. Although a very high PSA level is a strong warning sign for cancer, a reading in the middle is muddier.

Now, researchers at the University of Michigan and Harvard have developed a different kind of test that appears, in a small study, to be more accurate. It also points to a method of detection -- relying on the body's immune system for the

vital clues that cancer is present -- that could be applied to other types of cancer. An approved test based on the method, which looks for particular antibodies in the blood, awaits broader clinical study and is likely years away. But its arrival would be significant.

A more accurate test for prostate cancer could not only improve early detection, but also spare men from unnecessary biopsies, the surgical removal of a prostate piece for testing, which is often prescribed if PSA levels are elevated. Often, biopsies are recommended for a PSA reading of four or higher, corresponding to four billionths of a gram of antigen per milliliter. But only about a quarter of men with PSA readings between four and 10 actually turn out to have cancer after a biopsy is performed.

This imprecision has long created dilemmas for men who fall into the midrange: Do you undergo an uncomfortable, invasive and likely unnecessary procedure? Or do you watch and

wait (and worry) to see whether something more clearly worth investigating develops? The American Cancer Society projects that about 30,000 men will die of prostate cancer in 2005; it is the No. 2 cause of cancer death among U.S. men behind lung cancer. It generally appears after the age of 50, and in the U.S. is both more common and more deadly in black men than in whites or Asians.

"It is undisputed that PSA has an important role here, but we badly need additional tools," says Hans Lilja, a scientist at the Memorial Sloan-Kettering Cancer Center in New York who has worked on improvements to the PSA test and wasn't involved in the new study.

While the new approach holds the promise of providing clearer answers, outside experts -- and the researchers themselves -- caution that the method will require broader validation. This study relied on a small number of blood samples at two clinics. To be approved for widespread use by the Food and Drug Administration, the test would need to be backed by a substantially larger clinical trial.

Still, researchers and some other doctors say the results are compelling, and they may be applicable to other forms of cancer that also

elicit antibodies. A small study published last year by researchers in Michigan showed, similarly, that certain antibodies appeared to be indicators of breast cancer. And the Michigan and Harvard researchers are studying applications to lung cancer as well.

The new testing method focuses not on the cancer itself or on any secretion from the prostate. Instead, it lets the body's own highly sensitive immune system make the determination. The test looks for particular antibodies -- or disease-fighting proteins -- that the immune system issues in response to cancerous tissues. "It's definitely a very novel approach," says David Shaffer, a medical oncologist at Memorial Sloan-Kettering, who wasn't involved in the study.

In the study of 257 blood samples, an intermediate PSA level -- between 2.5 and 10 billionths of a gram per milliliter -- was of little use as an indicator of prostate cancer, getting cancer status right only half the time. But for patients in that range, the antibody test nailed it 94% of the time. Overall the antibody test was 93% accurate in determining cancer status, versus 80% for the PSA test.

"I'm very confident that we can take advantage of the sensitivity of the immune system to detect cancer," says Arul Chinnaiyan, a urologist at the University of Michigan and one of the study's authors.

One potential caveat: The control group of blood samples was presumed cancer-free because its members have never had cancer and showed no signs of it. But no biopsies were performed among the controls, so that wasn't confirmed.

Understanding prostate cancer and determining courses of treatment can be vexing. The cancer is typically slow growing, and even patients with a positive biopsy face a difficult choice between doing nothing and watching the tumor's progression, and having surgery or radiation treatments that carry real risks of leaving them incontinent, impotent or both. The prostate gland, about the size of a walnut in adult men and adjacent to the bladder, secretes a fluid that becomes part of semen.

The PSA test, a simple blood screen that usually costs less than \$50, has long stirred controversy among doctors who wonder whether patients are

well served by identifying tumors that may be so slow-growing as to pose no threat, and also question its predictive value.

A broad study released last spring further confounded matters: It found prostate cancer in 15% of men with a PSA reading of four or less, a level generally considered normal by doctors.

Nevertheless, some doctors caution against abandoning the PSA test. "While it is a relatively dull knife with regard to being specific," says Durado Brooks, director of prostate- and colorectal-cancer programs for the American Cancer Society, "it remains the best, most widely available marker that we have for detecting prostate cancer."

Dr. Brooks notes that dozens of different prostate-cancer markers have been discovered in laboratories over the past several years, but none has yet proved accurate enough to replace PSA. Other methods for improving the accuracy of the PSA test itself have been studied, including measuring the rate of change in the level over time, taking sharp upswings as warning signs.

His advice for men 50 years old and older, or 45-year-olds with a risk factor such as race or family history: Monitor PSA levels and keep an eye out for changes. A PSA level of 3.9, bumping up against the bottom of the "normal" range, might be cause for testing more frequently than annually. Also, combine it with other tests such as a digital-rectal exam, in which a doctor examines the prostate with a finger via the rectum. A tactile exam can pick up abnormal growths that a PSA misses.

PSA tests are likely to remain critical in the evaluation of patients already diagnosed with cancer, in whom oncologists closely monitor shifts in PSA level to provide clues to how well a patient is responding to treatment, Dr. Shaffer says.

Wall Street Journal

"When Solomon said there was a time and a place for everything he had not encountered the problem of parting an automobile"

Bob Edwards

"Success is to be measured not so much by the position one has reached in life as by the obstacles which he has overcome."

Booker T. Washington

"Try changing the words 'have to' to 'get to.' For instance, instead of saying 'I have to see the doctor today,' try saying 'I get to see the doctor today.' It will change your life."

Barry Manilow

Activated Stat5 protein in prostate cancer can predict outcome

A new tumor marker for aggressive prostate cancer and a new target for therapies

BY JACQUELINE STRAX

August 20, 2005 -- Researchers from Lombardi Comprehensive Cancer Center at Georgetown University found that testing for an activated Stat5 protein in prostate tumor tissue effectively predicts which men have a form of prostate cancer that may become more aggressive and life threatening.

Stat5 (short for Signal Transducer and Activator of Transcription 5) is a protein which, when activated, signals cancer cells to continually grow and survive. It is a critical survival

protein for human prostate cancer cells.

Marja Nevalainen, M.D., Ph.D., assistant professor in the Department of Oncology at Lombardi and principal investigator of this new study, previously discovered that Stat5 is activated by prolactin and that prolactin was locally expressed in the epithelial tissue of 54% of 80 human prostate cancer specimens with positive correlation with high Gleason scores and activation of Stat5. She identified prolactin and tyrosine kinase Jak2 as components of a signaling cascade that activates Stat5 in human prostate cancer cells. This means, she wrote, "they are potential molecular targets for pharmacological intervention."

Until drugs capable of blocking this cascade are developed, tested and available, the first step is to use Stat5 to identify high risk prostate cancer. Nevalainen and colleagues have now found that the Stat5 protein in the nucleus of prostate cancer cells was a significant predictor of which patients would develop a worrisome recurrence years after

their prostate cancer was initially treated.

The study investigated prostate cancer biopsies or prostate cancer tissues obtained from surgery from 357 prostate cancer patients, and matched active Stat5 levels with outcome.

Given further validation, the findings offer hope that a biomarker can be developed to help oncologists and urologists to identify patients that are more likely to have a recurring and/or eventually life-threatening prostate cancer. Specifically, these patients with potentially aggressive prostate cancer should be actively treated and closely monitored in contrast to men with less aggressive prostate cancer who may safely choose watchful waiting, especially if they are elderly, the researchers say.

Sorting out the few aggressive prostate tumors from the many that are indolent is a problem that has plagued the treatment of prostate cancer, said Marja Nevalainen, M.D., Ph.D., assistant professor in the Department of Oncology at Lombardi Comprehensive Cancer Center and principal investigator of the study.

"Most patients diagnosed with prostate cancer have slow-growing tumors that don't need aggressive therapy, but doctors do not have a way to identify the few men whose cancer is potentially dangerous. The result is that many patients are over-treated," she said.

"If future studies with Stat5 continue to show that it can help in predicting disease outcome, then we can test tumor biopsy samples for Stat5 and tailor treatment accordingly," Nevalainen said.

In the study, Georgetown researchers found that patients with "mid-grade" tumors who had high levels of activated Stat5 in their prostate cancer cells were 1.7 times more likely to experience disease progression compared to patients without activated Stat5. That corresponds to a 15-year, progression-free survival of 46 percent versus 62 percent, respectively.

"Mid-grade tumors are the most difficult to predict for the clinical outcome," said Nevalainen, "therefore, the most immediate use of Stat5 in prostate cancer as a marker would be for identifi-

cation of the subgroup of mid-grade prostate cancers that are likely to progress early to androgen-independence and metastatic disease," said Nevalainen. "We feel that patients in this group who test positive for activated Stat5 should not remain treated with watchful waiting only, but should be actively and extensively treated."

When biopsy samples from all the patients in the study were analyzed and Stat5 readings were compared to their outcome, those with activated Stat5 had a progression-free survival rate of 44 percent, compared to 65 percent in patients whose cancer was free of activated Stat5.

These findings are the latest in a series of studies led by Nevalainen highlighting the role of Stat5 in prostate cancer development.

Among Nevalainen's earlier findings:

- Stat5 protein is particularly plentiful in the most aggressive prostate cancers, which have often spread by the time they are diagnosed.
- Stat5 can be experimentally

inhibited - active Stat5 protein can be stopped before it reaches the DNA of the cell and triggers growth. This research has led to work to develop a pharmacological agent for human use. "There are only few treatment options available for advanced prostate cancer now, and we hope that we can develop a drug that might offer hope for patients with aggressive prostate cancer in the future," she said.

Prolactin (PRL) exerts growth-promoting activities in breast cancer as well as in prostate cancer and possibly prostate hyperplasia (BPH). In a review of prolactin agonists, in April 2005 a team at the French National Institutes of Health (Paris) claimed that "The most recently developed antagonist, delta-1-9-G129R-hPRL, is "the only one that is totally devoid of residual agonistic activity, meaning it acts as pure antagonist."

The discuss "to what extent this new molecule could be considered as a lead compound for inhibiting the actions of human PRL in the above-mentioned diseases. We also speculate on the multiple questions that

could be addressed with respect to the therapeutic use of PRL receptor antagonists in patients."

Researchers presented their study and nomogram on May 14, 2005, at the 41st annual meeting of the American Society for Clinical Oncologists in Orlando, Fla. The study was funded by the OHSU Cancer Institute

Psa rising

Information:

There will be an update on prostate cancer screening, diagnosis, and treatment lecture at Memorial Sloan-Kettering Cancer Center on November 10th from 6:00 to 7:30 P.M. in the Rockefeller Research Lab - 430 east 67th street. It does not list the speakers. For reservations and information call 212 / 639 - 3074 or to www.cancersmart.org.

Peter Randlev

Prostate Cancer 101, Inc.
8 Alcazar Avenue
Kingston, NY 12401-4302

1st

Tuesday

3rd

Tuesday

4:30 p.m. monthly

SEMINAR
For
Newly Diagnosed

Distinguished
Lecturer
Series

Hurley Reformed Church Hall, Hurley, NY

Contributions made in Memory of Ron Koster

Frank & Agnes Becker
Donald Blackman
Ken & Anna Brett
Marianne Burhans
William & Sydna Byrne
Robert & Mary Carroll
Patricia Corriere
Edward & Vasudha Donnelly
Kenneth Egan
Martin E. Fields
Jewish Community Fund on
Request of David Marrell
William & Dorothy Lowe
Harry & Carol Matzen
Frank McKnight
Carlotta Musto
Andrew & Margaretha Ritter
Joseph & Sandra Steinman
Ulster County Information
Services
D. F. & Denise Hoban Weeks

Other Donations

Robert & Alice Barringer
Richard & Anna Suko

If you wish to contribute
financially, mail your check,
made payable to:

Prostate Cancer 101
To:
Prostate Cancer 101
c/o Diane Sutkowski, Treasurer
8 Alcazar Avenue
Kingston NY 12401-4302

Distinguished Lecture Series

October 18, 2005

Dr. Michael Dattoli, Dattoli Cancer Center, Sarasota FL
“Advances in Treatment of Prostate Cancer and What the Future Holds”

November 15, 2005

Dr. Peter Scardino, Memorial Sloan Kettering Cancer Center, NY, NY
“The treatment of early stage prostate cancer: a 25 year perspective”

Ron worked so hard to get a line up of some of the top medical personnel in the prostate cancer field to come speak to us this year. It is his last gift to us all. You just might learn something that will help yourself or a friend who has a problem. What's the rest of your life worth?